

Scholastica Arnd

Died at

Elkton

Town

County

Cecil

MARYLAND

Date

1903

Month

Nov

Day

25

Age

Y.

84

M.

D.

Native of

Germany

Occupation

Male

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Singler~~~~Widower~~

Number of children living

6

~~Husband~~

of

Francis Arnd

Wife

Father's

Name

Nicholas Gross

Mother's

Name

Elizabeth H. Dinsack

Cause of

Primary

Old Age

How long sick

6 mo -

Death

Immediate

Exhaustion

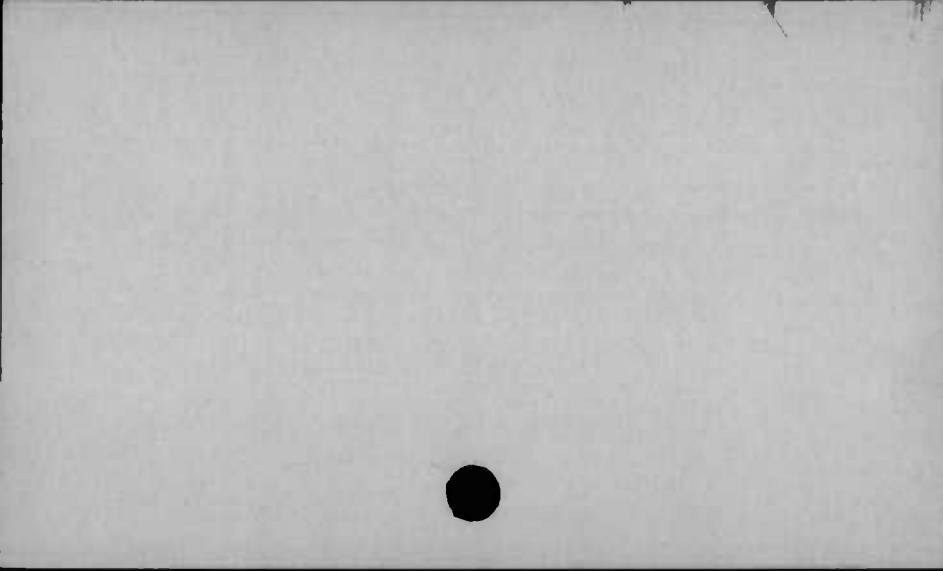
Accident, Suicide, Homicide

Reported by

Wm. D. Cawley

Address

Elkton Md.



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at <i>Inson, Maryland</i>		County <i>Cecil</i> 3 rd Dist. MARYLAND	
Date of death 190 <i>3</i>	Month <i>Nov</i>	Day <i>27</i>	Age <i>not known</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>md</i>	
Married, Single or Widowed		Occupation <i>none</i>	
Name of Wife or Husband			
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information		How related to deceased	

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

16



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North Ex</i> Town <i>Coliga Baccuden</i> County <i>Calij</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Nov</i>	Day <i>27</i>	Age <i>58</i> Years Months Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>ms</i>	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name or Wife or Husband <i>Jenni Bouden</i>		
Father's Name <i>Rozalia Thompson</i>	Father's Birthplace <i>ms</i>		
Mother's Maiden Name <i>Elyseum Aiden 93</i>	Mother's Birthplace <i>ms</i>		
Name of person giving information <i>Myself</i>	How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>4 days</i>
Immediate <i>As Ex</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. Bouden</i>
	Address <i>North Ex</i>
Accident or Suicide?	



Name
in
Full

Florie Beedwell

CERTIFICATE OF DEATH

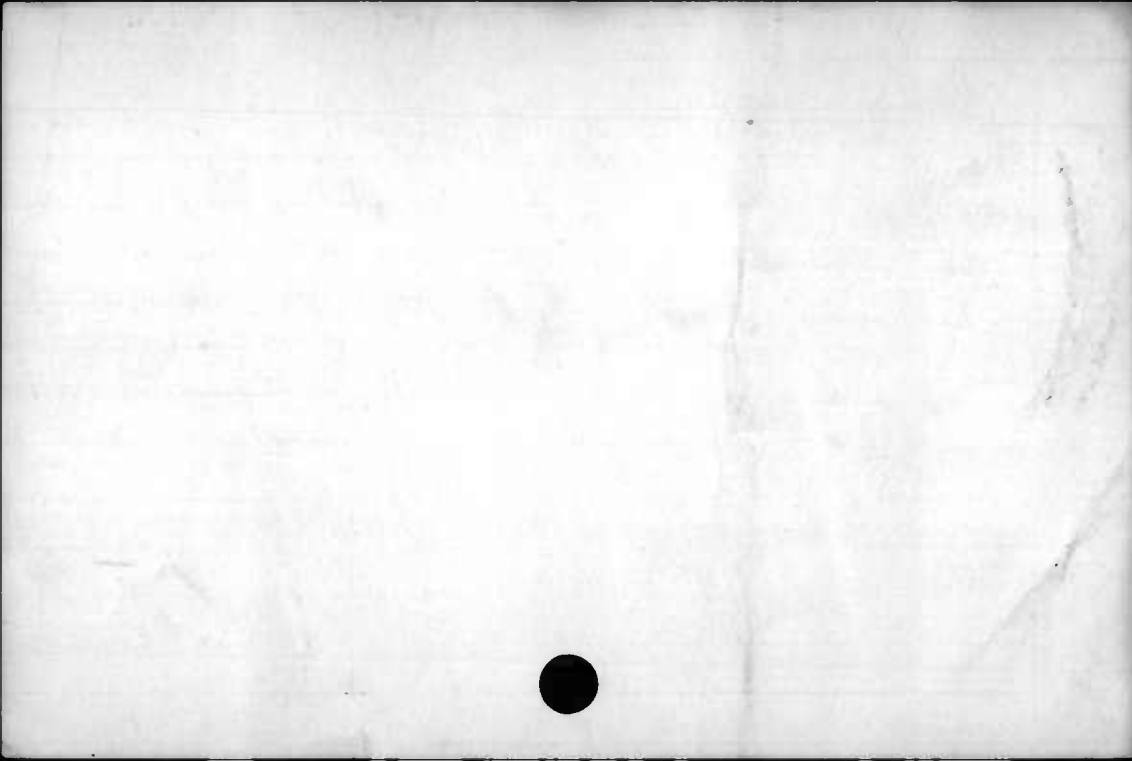
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Elkton		County Beech		MARYLAND	
Date of death 1903	Month 11	Day 12	Age 1	Years 1	Months 3	Days	
Sex Female	Color or Race White		Birth- place —				
Married, Single or Widowed —			Occupation				
Name of Wife or Husband —							
Father's Name George Beedwell				Father's Birthplace 27			
Mother's Maiden Name Fannie Simmons				Mother's Birthplace			
Name of person giving In formation Mrs George Beedwell				How related to deceased Mother			

CAUSES OF DEATH

This was an adopted child
no relation & not bornPHYSICIAN
OR CORONER

Primary Tubercular (?)	How long in Maryland H.B. Hester Thin
Immediate Catarrhal Pneumonia	How long 3 wks
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician H. Arthur Mitchell M.D.
	Address Elkton Md
Accident or Suicide? —	



Ira Bernard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Perryville</i>		County <i>Cecil</i>		MARYLAND	
Date of death 190	3	Month	<i>Nov</i>	Day	5	Years	2
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Perryville</i>		Months	9
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Wm Bernard</i>				Father's Birthplace <i>Perryville</i>			
Mother's Maiden Name <i>Belle Hewitt</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>"</i>				How related to deceased <i>Mother</i>			

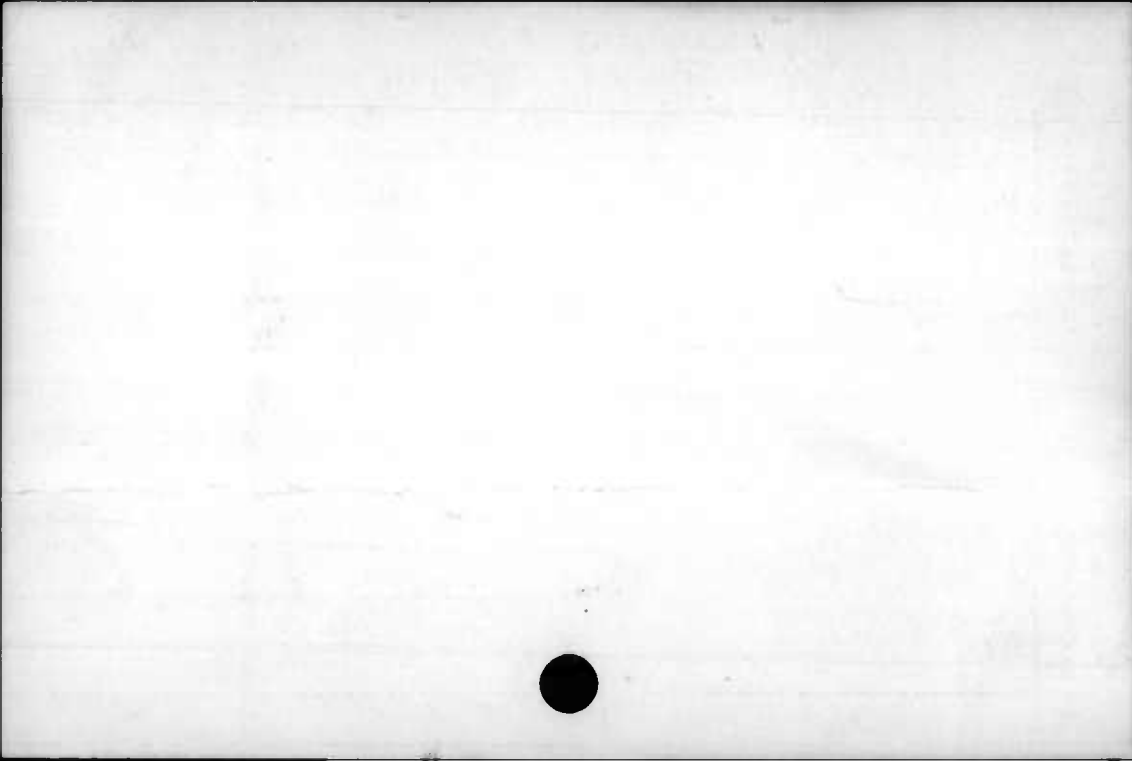
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Brain Tumor</i>	How long	<i>Three days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo. H. Stump</i>	
		Address <i>Perryville</i>	
Accident or Suicide?			



Name in Full		A Porran Belto, 6 yrs				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Rising Sun</i>		County <i>Cecil</i>		MARYLAND	
		Date of death 190 <i>3</i>	Month <i>Nov</i>	Day <i>12</i>	Age <i>4 6</i>	Months <i>-</i>	Days <i>-</i>
		Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore Md</i>		
		Married, Single <i>undivorced</i>		Occupation <i>Druggist</i>			
		Name of Wife or Husband <i>Kate (Philips) Belto</i>					
		Father's Name <i>A Porran Belto</i>		Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>Dorothy Murphy</i>		Mother's Birthplace <i>-</i>					
Name of person giving information <i>W B Belto</i>		How related to deceased <i>Brother</i>					
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER		Primary <i>acute uraemia</i>				How long <i>1 day</i>	
		Immediate <i>exhaustion</i>				How long	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>Dr Don. James R. Shale</i>	
						Address <i>Rising Sun Md</i>	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mrschenisalee</i> Town <i>Lydin H. Bledy</i> County <i>Cecil</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Nov</i>	Day <i>7</i>	Age Years Months Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>ms</i>	
Married, Single or Widowed		Occupation	
Name of Wife or Husband			
Father's Name <i>William H. Bledy</i>		Father's Birthplace <i>ms</i>	
Mother's Maiden Name <i>Maria Lydia</i>		Mother's Birthplace <i>ms</i>	
Name of person giving Information <i>Father</i>		How related to deceased <i>father</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Meningitis</i>	How long <i>6 days</i>
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above? <i>ye</i>	Signature of Physician <i>[Signature]</i>
		Address <i>He En</i>



Abraham Clarke

Town

County

Died at

Cokebury Cecil

MARYLAND

Date

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Nov 19

Age

65--

Maryland

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband

of

Mary Clark

~~Widow~~

Father's

Name

Mother's

Name

Cause of

Primary

Consumption

How long sick

7 to 8 weeks

Death

Immediate

Inanition

Accident, Suicide, Homicide

Reported by

J. H. Brown M. D.

Address

Principio Rd.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at

Date _____

90 3

Month

Day

Age

Years

Months

Days

Sex

Color or Race

Birth-
place

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Father's
Name

Father's Birthplace

Mother's
Maiden Name

Mother's Birthplace

Name of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

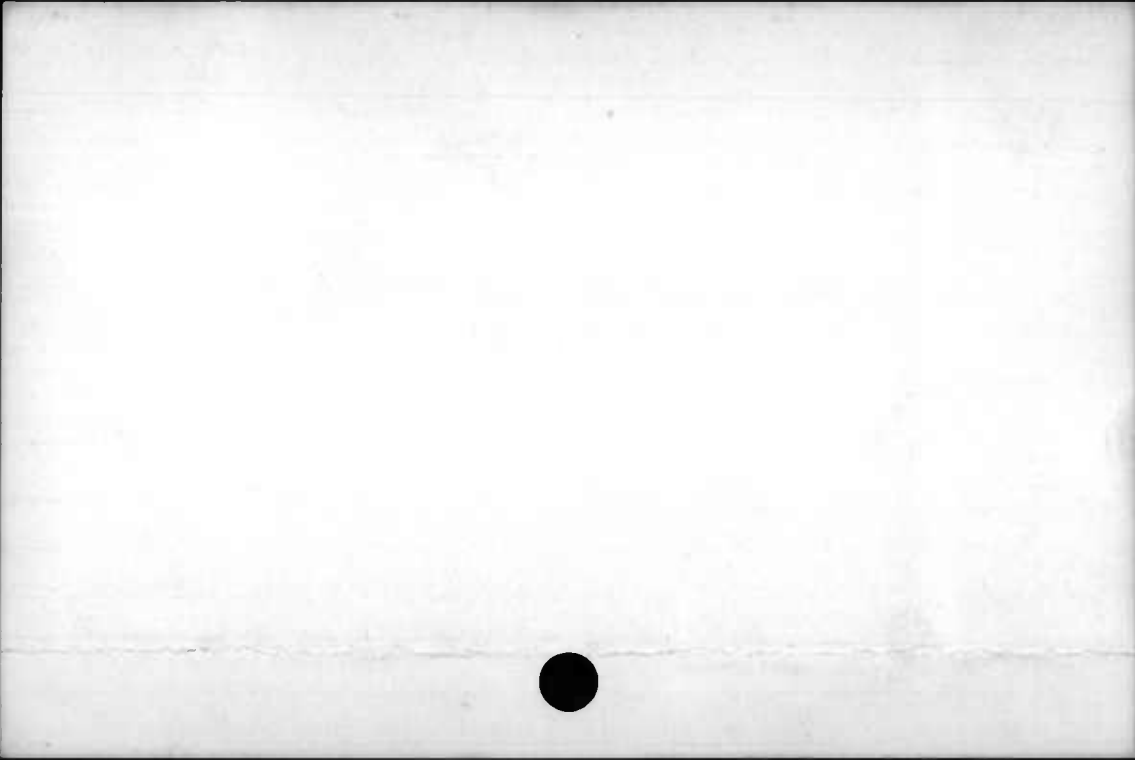
How long

Are the name, age, sex, color, date
and place correctly given above?

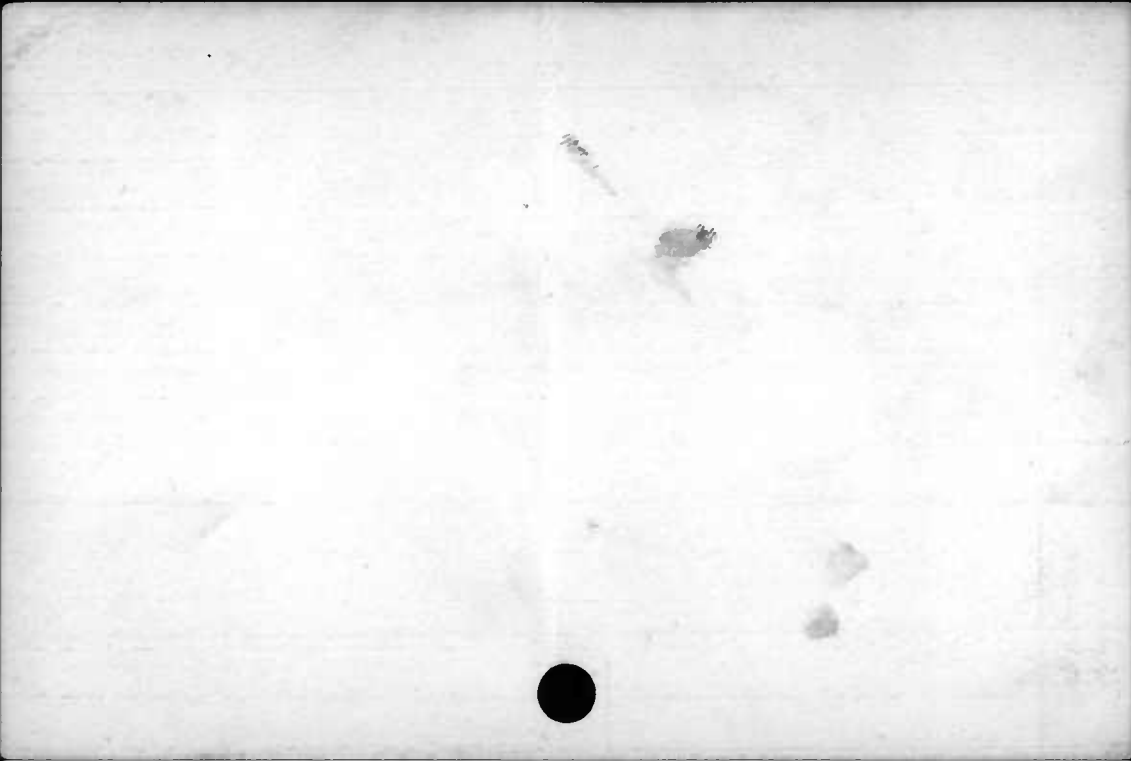
Signature of Physician

Address

~~Accident or Suicide?~~



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Port Deposit</i> ^{Town}		<i>Cecil</i> ^{County}		
		Date of death 1903		Month <i>November</i>	Day <i>24</i>	Years <i>68</i>
		Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>County Lyone Ireland</i>	
		Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>		
		Name of Wife or Husband <i>Jane Farr</i>				
		Father's Name <i>Henry Farr</i>		Father's Birthplace <i>Ireland County Lyone</i>		
		Mother's Maiden Name <i>Sarah Farr</i>		Mother's Birthplace <i>County Lyone Ireland</i>		
Name of person giving information <i>Clara M. Knight</i>		How related to deceased <i>None</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Apoplexy</i>		How long <i>and instantly</i>		
		Immediate		How long		
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. E. Clarkson</i>		
				Address <i>Port Deposit</i>		
		Accident or Suicide? <i>No</i>				



Name in Full		Margaret C. Forsaen				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Eed		Need		Cecil		
	Date of death 1903		Month		Day		Years
	2		Nov		11		Age 25
	Sex		Color or Race		Birth-place		Months
	Female		White		Cecil Conn		Days
	Married, Single or Widowed		Occupation				
Married		Housewife					
Name of Wife or Husband		Margaret C. Forsaen					
Father's Name		James W. Forsaen				Father's Birthplace	
Cecil Conn						Cecil Conn	
Mother's Maiden Name		Ann M. McHenry				Mother's Birthplace	
Cecil Conn						Cecil Conn	
Name of person giving information						How related to deceased	
						Parents	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary					How long	
	Consumption						
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician	
	Yes					Address	
					The Conn		
Accident or Suicide?							



Name In Full

Certificate of Death

Walter Hollingsworth

Died near ^{Town} *Warwick* ^{County} *Sevier* MARYLAND

Date *1905* *11* *12* *1* *2* *Sevier* *Co* *8*

Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living *8*

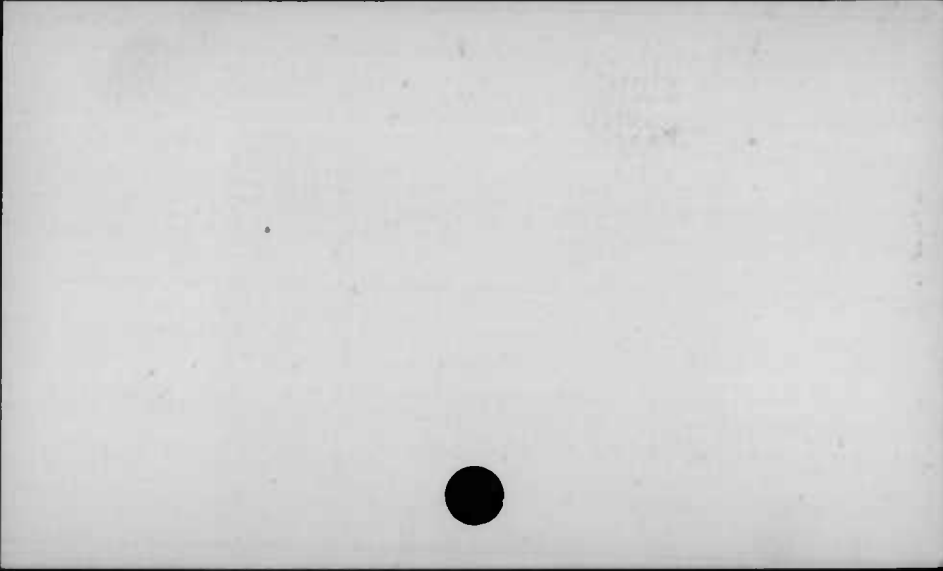
Husband
of
Wife

Father's Name *Henry Hollingsworth* Mother's Name *Hennie Fox*

Cause of Death Primary *Diphtheria* Immediate *Convulsions* How long sick *2 days* Accident, Suicide, Homicide

Reported by *J. H. Hardcastle*Address *Middletown*  *Delaware.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Wm. Hollingsworth

Died near Warwick

MARYLAND

Date 1903

Month Day

Nov. 5

Age

Y. M. D.

5-8-8

Native of

Geor. 60

Occupation

Child

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

9

Husband
of
Wife

Father's Name

Henry Hollingsworth

Mother's

Hidden Name

Hennie T. Jaf

Cause of

Primary

Diphtheria Laryngeal

How long sick

4 days

Death

Immediate

Suffocation

~~Accident, Suicide, Homicide~~

Reported by

Address

J. H. Hardcastle
Middletown

Delaware.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

No Name. Infant. Newborn

16 Oct

Died at

Principio

County
Cecil

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

11.

17

Age

2 hours old

—

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Geo A Kepley, Ellen Kepley

Wife

Father's

Name

Geo A Kepley

Mother's

Maiden Name

Ellen Lambert

Cause of

Primary

Drowning

Death

Immediate

Heart failure

How long sick

2 hours

Accident, Suicida, Homicide

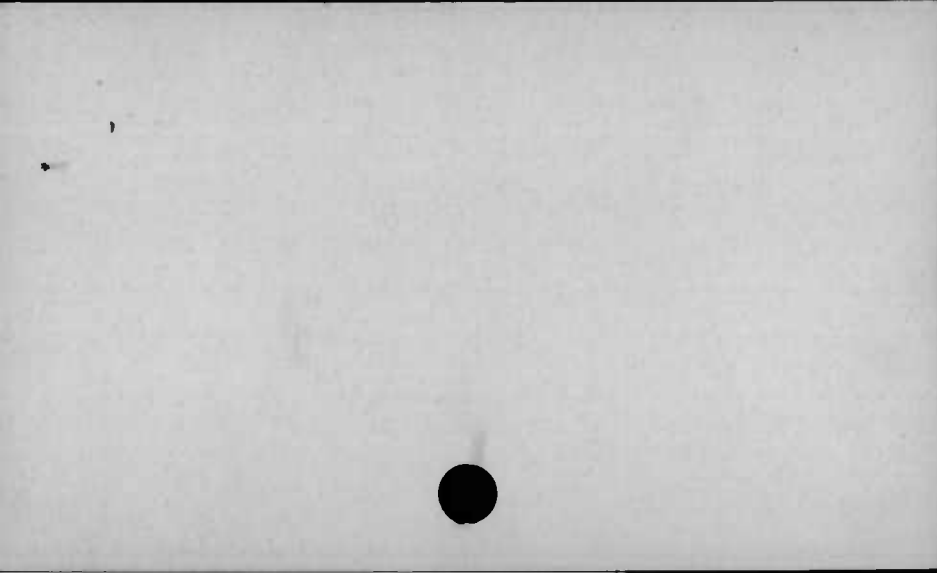
Reported by

Geo A Darr

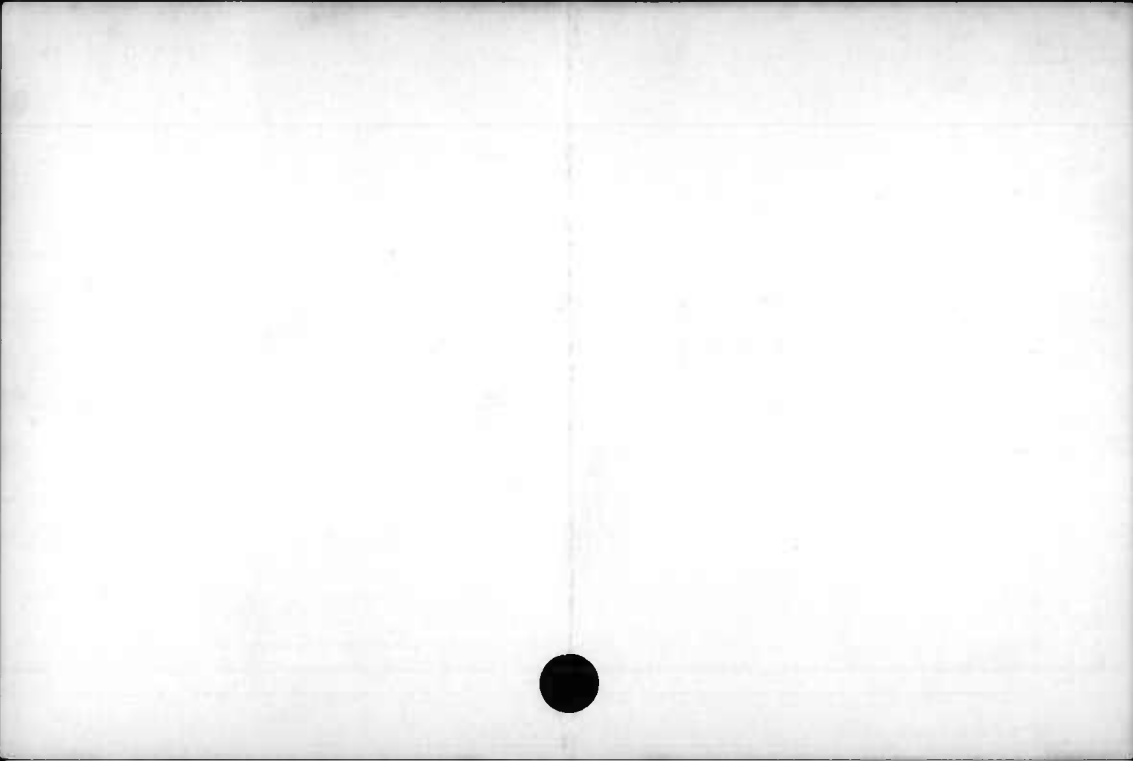
Address

Rising Sun Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Grace Helen Kreider				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Perryville</u> Town		<u>Cecil</u> County		MARYLAND	
		Date of death 1903 <u>Nov</u> Month <u>28</u> Day		Age <u>9</u> Years		Months <u>9</u> Days	
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Perryville</u>	
		Married, Single or Widowed <u>—</u>		Occupation <u>—</u>			
		Name of Wife or Husband <u>—</u>					
		Father's Name <u>John Kreider</u>		<u>61</u>		Father's Birthplace <u>Pa</u>	
		Mother's Maiden Name <u>Sallie Smittle</u>				Mother's Birthplace <u>Harford Co Md</u>	
		Name of person giving information <u>" "</u>		How related to deceased <u>Mother</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Meningitis -</u>				How long <u>Short time</u>	
		Immediate <u>Progressive Cardiac Asthenia</u>				How long <u>Short time</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>L. G. Taylor</u>			
				Address <u>Perryville</u>			
		Accident or Suicide? <u>—</u>					



Name in Full

Certificate of Death

John Linton Sr
 Town Woodlawn County Cecil MARYLAND

Died at 1913
 Date 1913
 Month Nov Day 28
 Age 83 Y. M. D. - -
 Native of Maryland Occupation

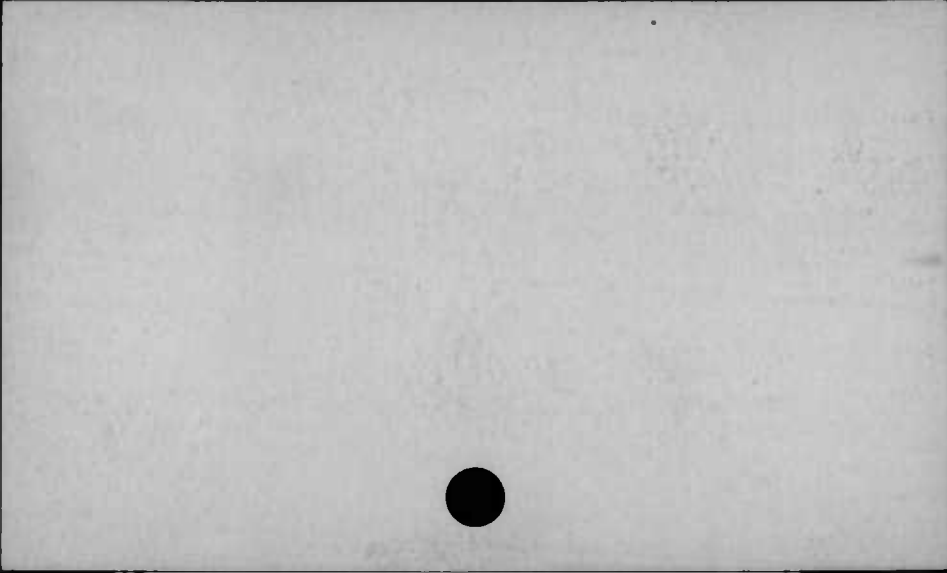
Male White Married Widow Divorced
~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Nancy Linton
 Wife
 Father's Name Mother's Name

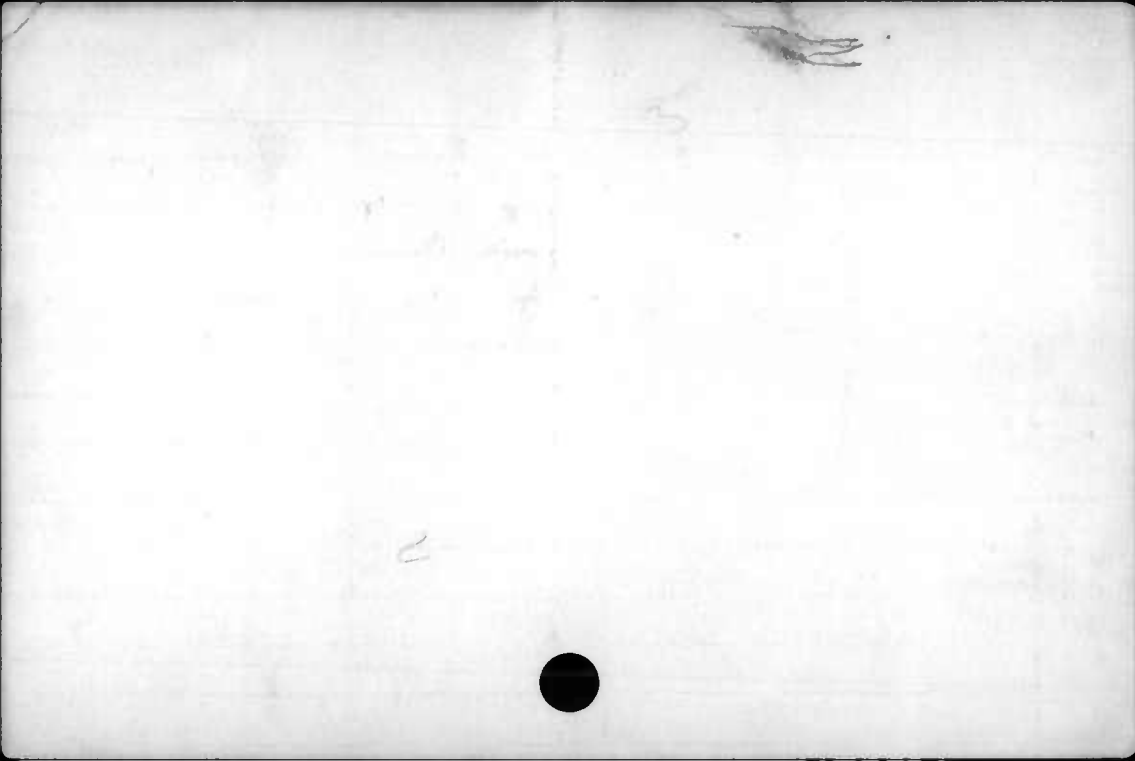
Cause of Death { Primary Consumption
 Immediate Transition
 How long sick 2 years
 Accident, Suicide, Homicide

Reported by H. E. Brown M.D.
 Address Principal

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Eva C McCay				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Port-Deposit		County Cecil		MARYLAND
	Date of death 190	3	Month Nov	1	Day	Age 21	
	Sex Female		Color or Race White		Birth- place Cecil Co		Months 5
	Married, Single or Widowed Single		Occupation —				
	Name of Wife or Husband —						
	Father's Name H B McCay				Father's Birthplace Cecil Co		
	Mother's Maiden Name Margaret Pennington				Mother's Birthplace Washington DC		
	Name of person giving in formation "				How related to deceased Mother		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Acute spinal meningitis				How long about 2 days		
	Immediate Convulsions				How long 2 1/2 hours		
	Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician H A Chumley		
					Address Sub In Port Paul		
	Accident or Suicide? —						



Name
in
Full

Adeline L Marshall, 6015

CERTIFICATE OF DEATH

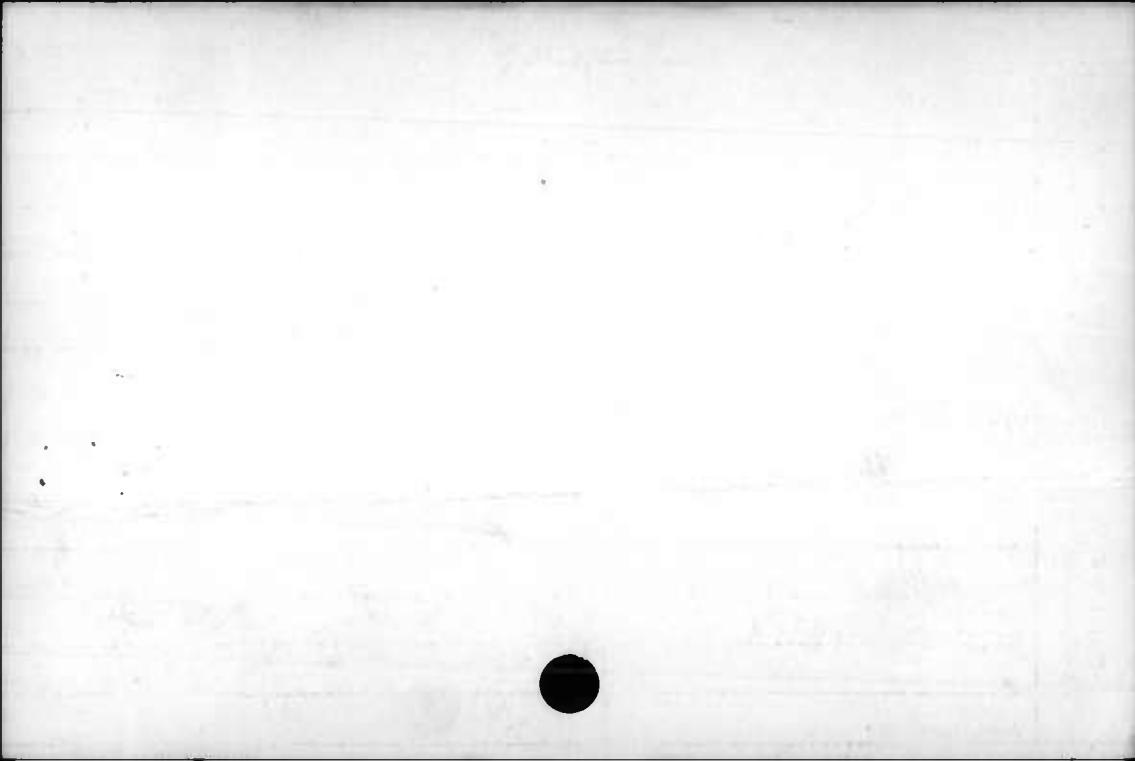
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rising Sun</i> <small>Town</small>		<i>Cecil</i> <small>County</small>		MARYLAND	
Date of death 1903	Month <i>Nov</i>	Day <i>13</i>	Age <i>72</i> <small>Years</small>	Months	Days <i>25</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Cokewood Md.</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Adeline L Marshall</i>					
Father's Name <i>Thomas Metcalf</i>			Father's Birthplace <i>Cokewood Md.</i>		
Mother's Maiden Name <i>Adeline L Metcalf</i>			Mother's Birthplace		
Name of person giving information <i>Catherine L. Hummiller</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>One year</i>
Immediate <i>exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J B Shier MD</i> <i>Rising Sun Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Frank Moore.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Court House Point^{County} Cecil

Date of death 1903

Month 11

Day 18

Age Years 24

Months -

Days -

Sex Male

Color or Race Black

Birth-place Baltimore Md.

Occupation Farmer

Where Residing if not at place of death

Married, Single or Widowed Married

Name of Wife or Husband Katie Price Moore

Father's Name John Moore

Father's Birthplace Baltimore Md.

Mother's Maiden Name Ella Knot

Mother's Birthplace " "

Name of person giving information George Andrews.

How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Continued Fever

How long 2nd week

Immediate - - - - -

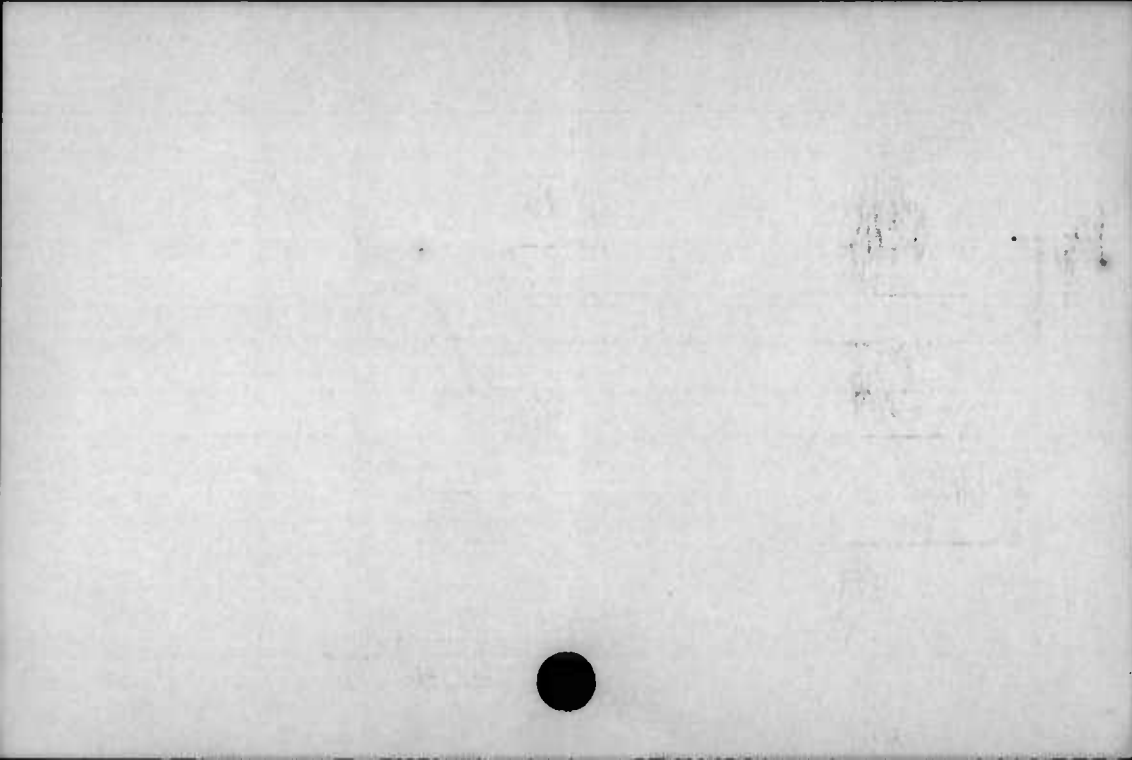
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician E. W. Crawford

Address Leontown Md.

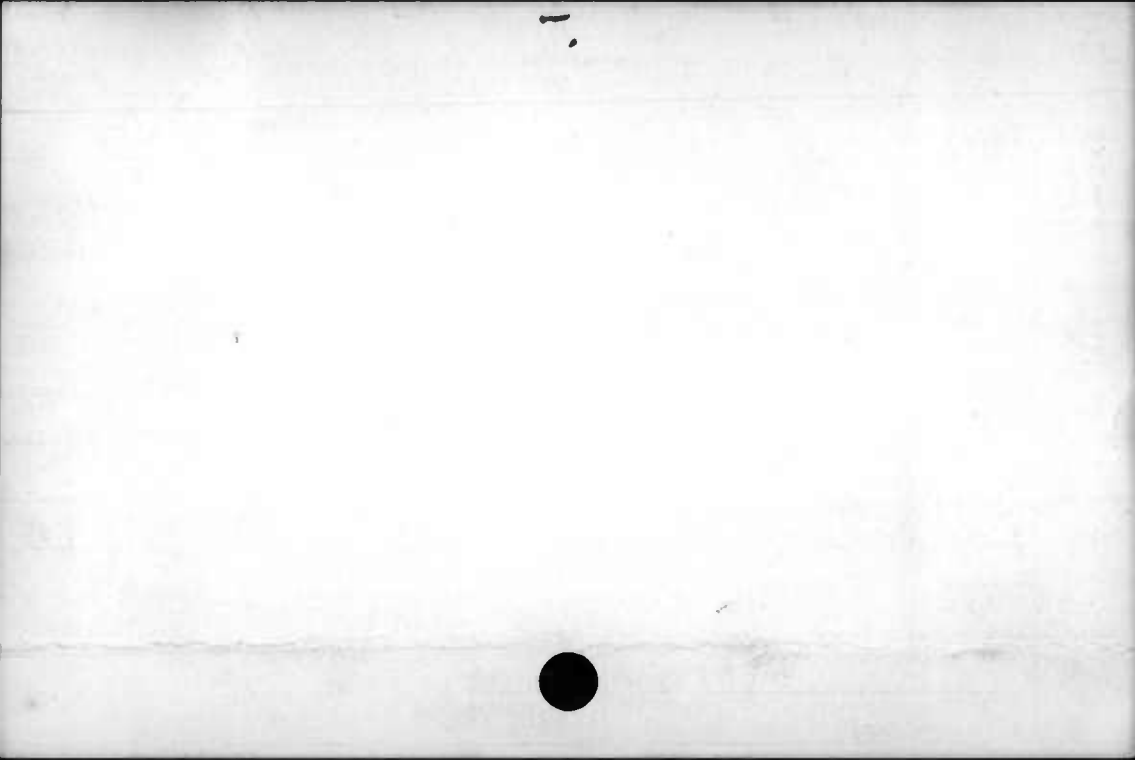
Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH			
William Moore		County Cecil		MARYLAND	
Died at Elkton (County Jail)		Town		County	
Date of death	1903	Month	Nov.	Day	23
Age		60?		Months	Days
Sex	Male	Color or Race	White	Birth-place	Philadelphia
Occupation	Farm Laborer		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			
Hattie Boulden et al		93.			
CAUSES OF DEATH					
Primary		How long			
Immediate		How long			
Pneumonia		Two days			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		Address			
		Ricketts Nelson,			
		Borum, Cecil County.			
Accident or Suicide?					



Name in Full		Elizabeth J. Beeder				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Date of death 1903		Month	Day	Age	Years		
	3		November	20	88	10	Months	
	Sex		Female		Color or Race		White	
	Married, Single or Widowed		Widow		Occupation		Taylor	
	Name of Wife or Husband							
	Father's Name		Samuel Johnson				Father's Birthplace	Bucks Co Pa
Mother's Maiden Name		Mary Marcellas				Mother's Birthplace	" " "	
Name of person giving information		Jane M. Armstrong				How related to deceased	Daughter	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Blood Clot on Brain				How long	3 days
	Immediate		Hemiplegia				How long	3 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Geo S. Pittenhouse	
					Address		North East Md	
	Accident or Suicide?		No					



Name
in
Full

Rice (Born in Del.)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Grove Neck</i>		County <i>Cecil</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>11</i>	Day <i>16</i>	Age <i>X</i>	Months <i>7</i>	Days <i>7</i>
Sex <i>Female</i>		Color or Race <i>Negrs</i>		Birth-place <i>Del</i>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Charles Rice</i>			Father's Birthplace <i>Cecil Co</i>		
Mother's Maiden Name <i>Ellen Blayton</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Aaron Siscoe Col</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Not Known</i>	How long
Immediate <i>"</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>No. Dr in attendance</i>	Address <i>J. H. Black</i>
Accident or Suicide?	<i>Sub Registrar</i>



Name in Full		William S. Sheldon				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} near Elkton		^{County} Cecil		MARYLAND	
		Date of death 1903	Month Nov	Day 29	Years 2	Months 2	Days 4
		Sex male		Color or Race white		Birth-place Cecil Co.	
		Married, Single or Widowed			Occupation		
		Name of Wife or Husband					
		Father's Name J. H. Sheldon			Father's Birthplace 106.		
		Mother's Maiden Name Harriet Sheldon			Mother's Birthplace		
		Name of person giving information			How related to deceased		
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER		Primary Entero-colitis				How long	
						How long	
		Immediate					
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician M. J. Skinner	
						Address Glasgow Del.	
		Accident or Suicide?				Copied from Delaware blank	

- 27. Nov -

Name
in
Full

George W. Shelton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Chesapeake City ^{County} Cecil

MARYLAND

Date of death 1903 11 18 Age 74 Months — Days —

Sex Male Color or Race ~~Not~~ White Birthplace Symrna Del.

Occupation Fisherman Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Liddie Jane Shelton

Father's Name Daniel S Shelton Father's Birthplace Unknown

Mother's Maiden Name Martha Sumner 64 Mother's Birthplace "

Name of person giving information Mary Fratanuono How related to deceased Grand Daughter

CAUSES OF DEATH

Primary Apoplexy How long 4 days

Immediate X

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

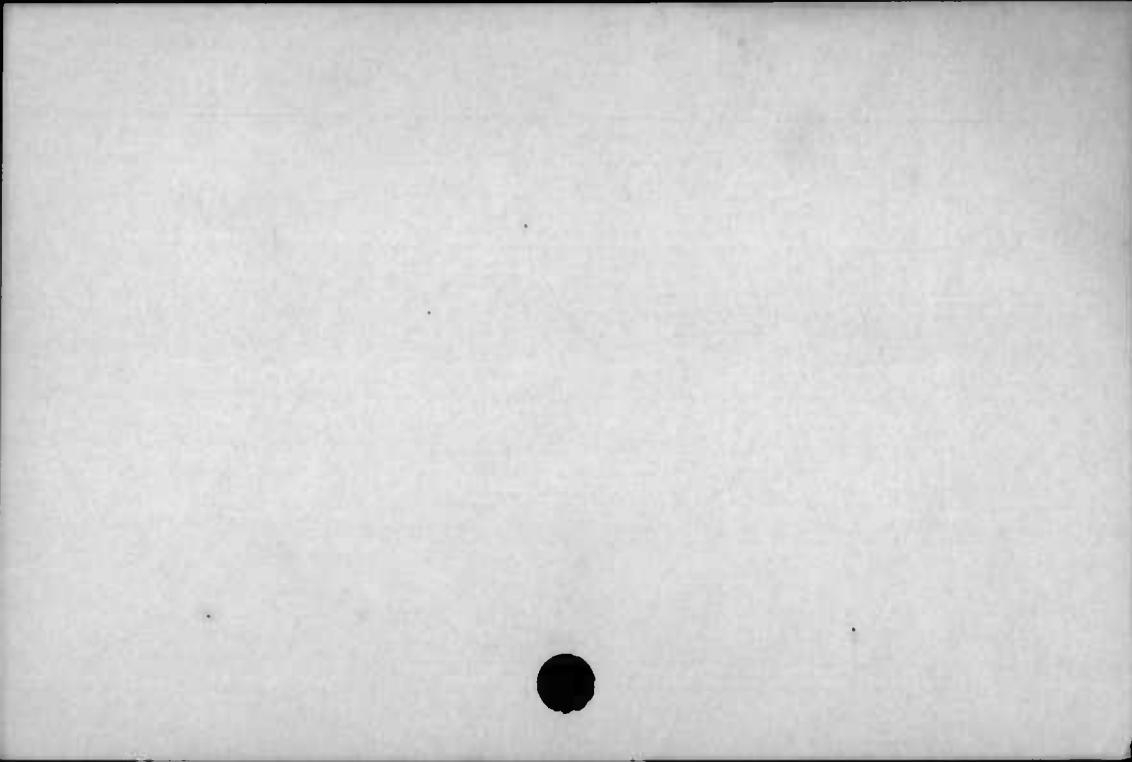
Address

W. C. Karpman

Chesapeake City

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

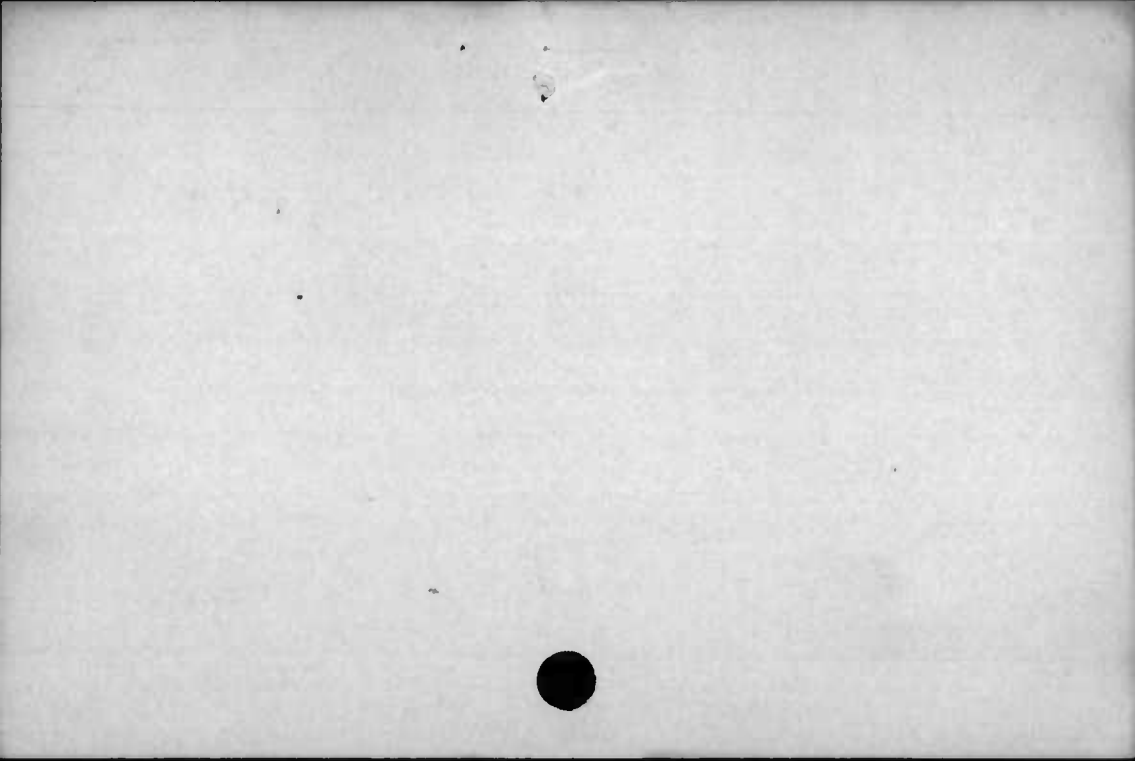
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Joseph Warrick</i>				Town <i>Concord</i>		County <i>Cecil</i>		State <i>MARYLAND</i>	
Died at		Date of death		Month		Day		Years	
		<i>1903</i>		<i>11</i>		<i>22</i>		<i>66</i>	
Sex		Color or Race		Birth-place		Months		Days	
<i>Male</i>		<i>Black</i>		<i>Concord</i>					
Occupation				Where Residing if not at place of death					
<i>Laborer</i>									
Married, Single or Widowed				Name or Wife or Husband					
<i>Widower</i>				<i>Unknown</i>					
Father's Name				Father's Birthplace					
<i>Unknown</i>				<i>Concord</i>					
Mother's Maiden Name				Mother's Birthplace					
<i>"</i>				<i>Unknown</i>					
Name of person giving information				How related to deceased					
<i>Samuel Warrick</i>				<i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
<i>Nephritis, Cystitis, Complicated with bronchitis + atherosclerosis of arteries =</i>			
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>G. B. Pearson, M.D.</i>	
		Address	
		<i>Middleton Del</i>	
Accident or Suicide?		Copied from note "H B -	



Name in Full

Certificate of Death

George. Harwick.

Town

Harwick

County

Pecil

MARYLAND

Died at

Date

1903

Month

Mar

Day

6

Y.

M.

D.

Age

35

Native of

Md

Occupation

Farmer hand

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Name

George Harwick

Mother's

Name

Mary. Simpson.

Cause of

Primary

Tuberculosis

How long sick

1 year

Death

Immediate

Accident, Suicide, Homicide

Reported by

H M Jeter Md.

Address

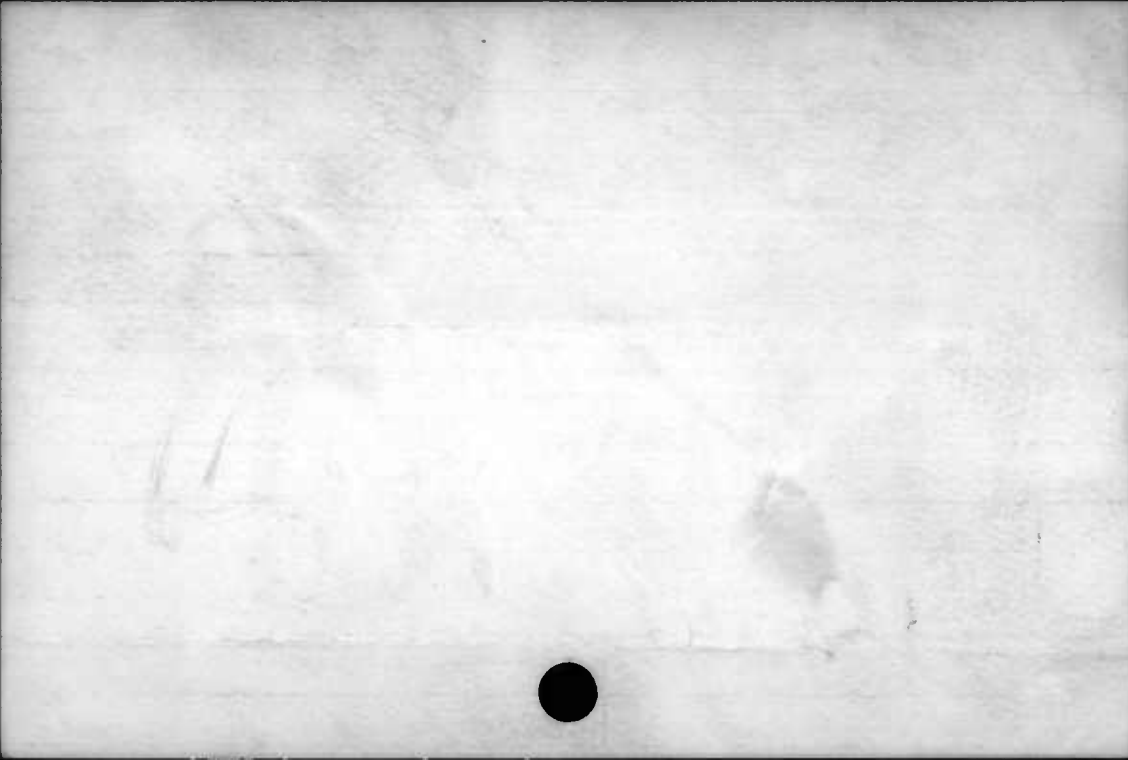
Lansdown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full		Richard Williams, Colo.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Leeds</u> Town		<u>Cecil</u> County		MARYLAND		
	Date of death 190 <u>3</u>	Month <u>Nov</u>	Day <u>22</u>	Age <u>X</u> Years	Months <u>5</u>	Days <u>X</u>	
	Sex <u>Male</u>		Color or Race <u>colored</u>		Birth-place <u>Leeds Md</u>		
	Married, Single or Widowed <u>X</u>		Occupation <u>X</u>				
	Name of Wife or Husband <u>X</u>						
	Father's Name <u>Richard Williams</u>		Father's Birthplace <u>Md</u>				
	Mother's Maiden Name <u>May Sawyer</u>		Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Richard Williams</u>		How related to deceased <u>Father</u>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Unknown</u>			How long			
	Immediate <u>Convulsion</u>			How long <u>6 hours</u>			
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>			Signature of Physician <u>J. S. Whitson</u>			
				Address <u>Cherry & E. Md</u>			
	Accident or Suicide?						



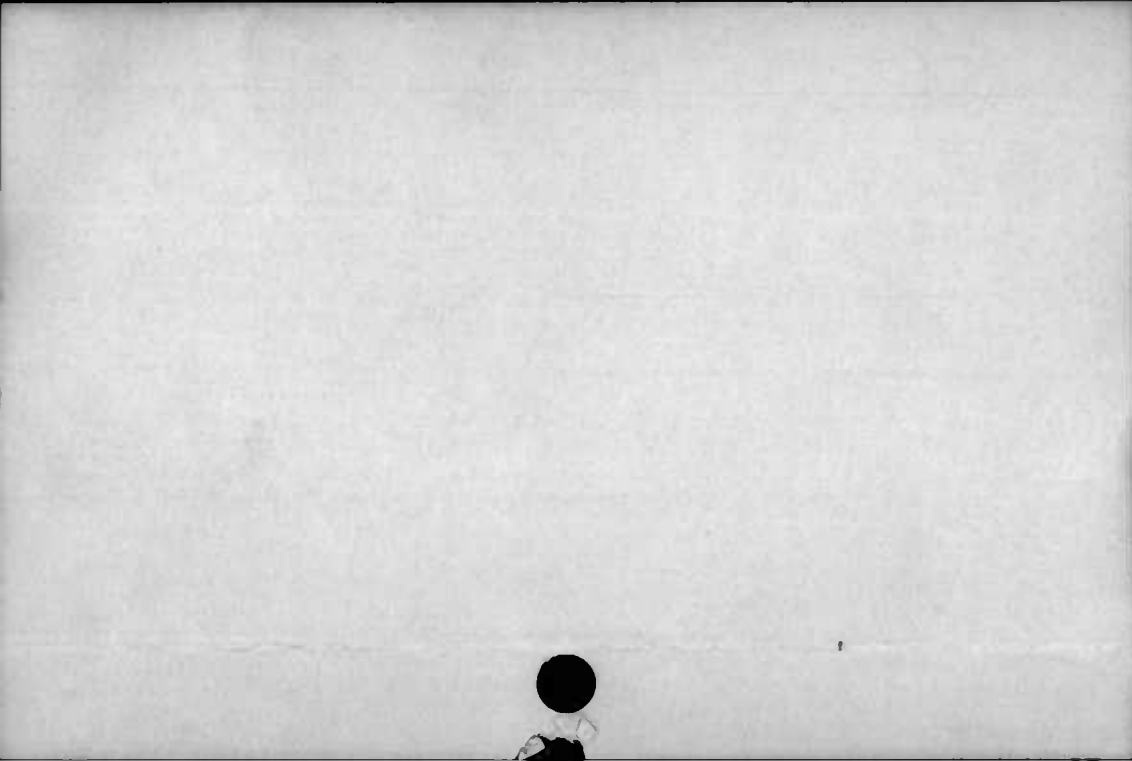
CERTIFICATE OF DEATH

Died at		Town		County		State	
Date of death		Month	Day	Years	Months	Days	
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace	
Name of person giving information		How related to deceased					

CAUSES OF DEATH

Primary	Ophthalmy	How long	4 days
Immediate	Is	Signature of Physician	B. A. ...
Are the name, age, sex, color, date and place correctly given above?		Address	N. E.
Accident or Suicide?			

Address



Name in Full

Certificate of Death

Fred B. Wilson

60812

Town

County

MARYLAND

Died at

Bispingburn Cecil

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

11

23

Age

33

Wid

Carpenter

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Charles W. Wilson

Mother's

Maiden Name

Elizabeth Fisher

Cause of

Primary

Concussion of skull of skull

How long sick

3 hours

Death

Immediate

Hemorrhage

Accident, Suicide, Homicide

Reported by

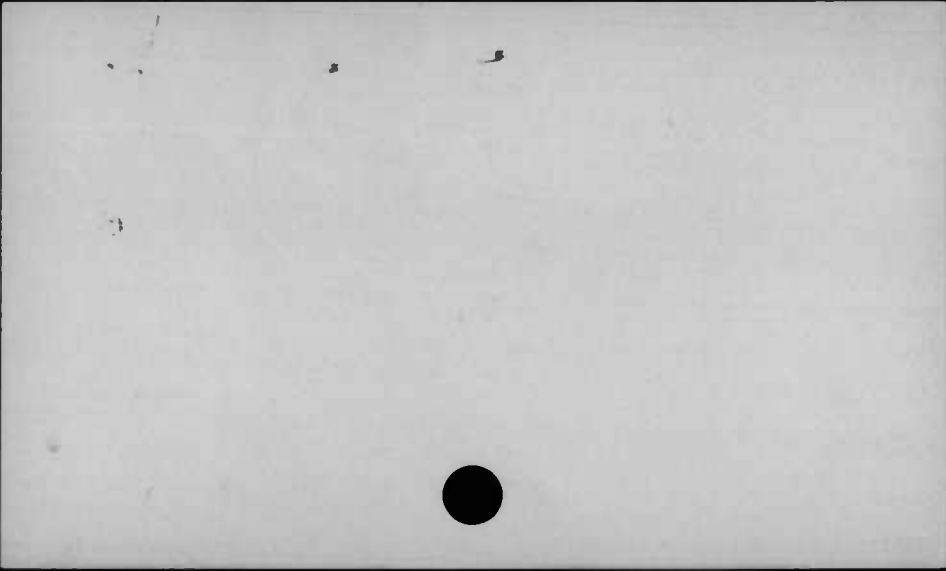
Dr Geo. S. Davis

Address

Bispingburn

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 19008



Name
in
Full

Isaac Wilson

CERTIFICATE OF DEATH

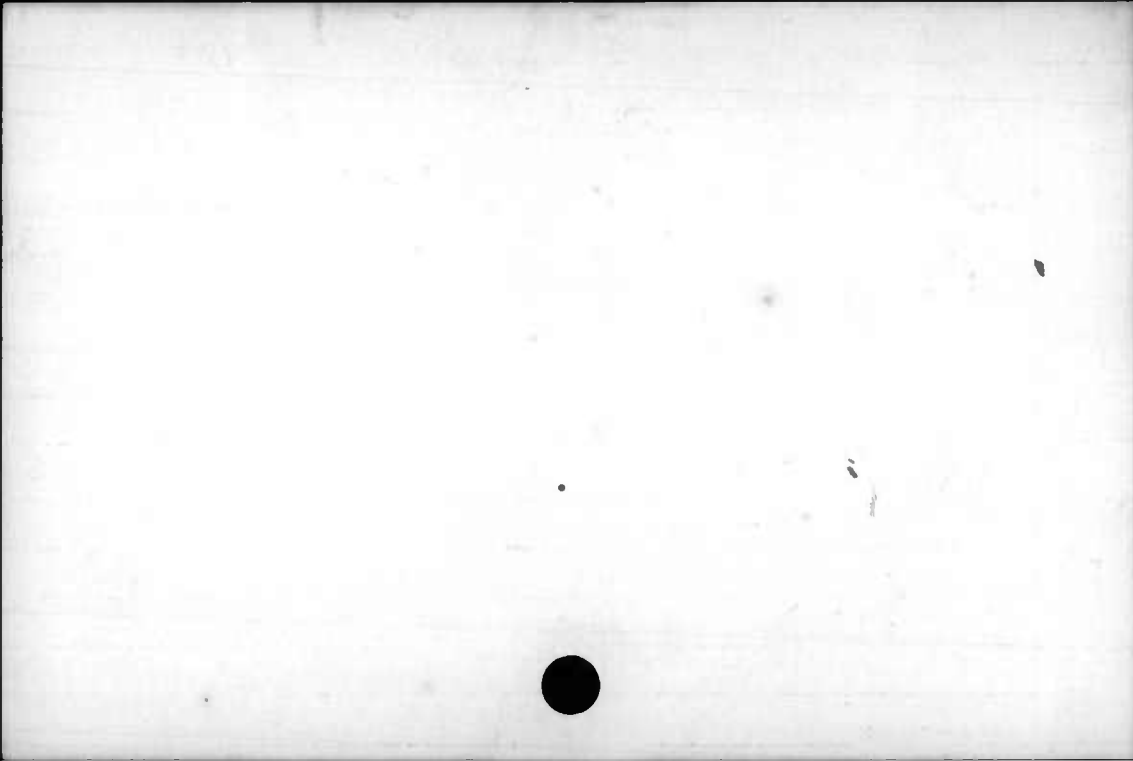
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near</i> <i>Earlville</i> Town		County <i>Cecil</i>		MARYLAND	
Date of death 1903	Month <i>11</i>	Day <i>1</i>	Age <i>35</i> Years	Months	Days
Sex <i>male</i>		Color or Race <i>negro</i>		Birth-place <i>Cecil co</i>	
Married <i>Single</i> or <i>Widowed</i>		Occupation <i>Farm Laborer</i>			
Name of Wife or <i>Ann M. Wilson</i> Husband					
Father's Name <i>Perry J.</i>			Father's Birthplace <i>Cecil co</i>		
Mother's Maiden Name			Mother's Birthplace <i>Cecil co</i>		
Name of person giving information <i>Philly Wilson</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Albuminuria</i>	How long <i>18 months</i>
Immediate <i>Conjestion Lungs</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. Y. Branch D.M.</i>
	Address <i>Cecil co Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Lydia Novarow</i>		Town <i>Plasent Hill</i>		County <i>Lucas</i>		MARYLAND	
Died at		Date of death 1903		Age		Months Days	
Month <i>Nov</i>		Day <i>1st</i>		Years <i>60</i>		<i>6</i> <i>3-</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Giron</i>		Occupation <i>Nurse</i>	
Married, Single or Widowed <i>Single</i>		Mother's Maiden Name <i>Emma Smith</i>		Father's Name <i>Jacob Novarow</i>		Father's Birthplace <i>154</i>	
Name of person giving information <i>Emma Smith</i>		How related to deceased <i>none</i>		Mother's Birthplace			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>		How long	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. J. H. Smith</i>	
		Address <i>Giron Ind</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Died at

Town

County

Date 19

Month

Day

Y

M.

D.

Native of

Occupation

MARYLAND

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widow~~

Number of children living

Husband
of

Wife

Fether's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

06

